

Minutes of the State Board of Health April 12, 2006

The Washington State Board of Health (SBOH) met at the Red Lion Hotel at the Park, Spokane, Washington. Dr. Kim Marie Thorburn, SBOH Chair, called the public meeting to order at 9:33 a.m. and addressed attendees with the following statement:

“This is a public meeting of the State Board of Health held under provisions of RCW 43.20. Notice of the meeting was provided in accordance with provisions of RCW 34.05, the Administrative Procedures Act. Those members having any conflict of interest on any item coming before the Board will report that conflict with respect to the particular subject under consideration. In case of challenge of any Board members by the public, the Board shall decide the status of the challenged members to participate before considering the substance of the matter.

Copies of all materials supplied to the Board for today’s meeting have been available since close of business last Friday from the Board’s Tumwater office and on its Web site at www.sboh.wa.gov. They are also available today, along with anything else we have received since, at the table in the back of the room. To conserve public funds, we have only made as many copies as we felt would be needed, so we may run out of some particularly popular items. If you do not find a document you need, please ask Desiree Robinson, SBOH Executive Assistant, or another Board staff person for one. Our meeting today is open to the public, so please feel free to listen in on informal discussions involving Board members or staff, including any that may occur during breaks or lunch.”

SBOH members present:

Kim Marie Thorburn, MD, MPH, Chair
The Honorable David Crump, PhD
Ed Gray, MD
Keith Higman

Frankie T. Manning, MN, RN
Mel Tonasket
Bill White, Deputy Secretary, Department of Health

SBOH members absent:

The Honorable Mike Shelton, Vice Chair
Charles Chu, DPM
Karen VanDusen

State Board of Health Staff present:

Craig McLaughlin, Executive Director
Desiree Robinson, Executive Assistant
Heather Boe, Communications Consultant

Ned Therien, Health Policy Analyst
Tara Wolff, Health Policy Analyst

Guests and Other Participants:

Scott Burns, Merck
Art Busch, Washington Education Association
Bea Dickhans, Department of Social & Health Services
Steve Domini, Wyeth Vaccines
Barb Feyh, Spokane Regional Health

District
Jan Fleming, Department of Health
Jenny Greenwood, Autism Society of Washington
Chip Halverson, Washington Education Association

Richard Lewis, Department of Social &
Health Services
Chris Olson, Washington Chapter American
Academy of Pediatrics
Brian Peyton, Department of Health
Carolyn Pickett, Citizen

Lisa Ross, Spokane Regional Health District
Pao Vue, Department of Social & Health
Services
Christopher Zilar, Spokane Regional Health
District

APPROVAL OF AGENDA

Motion: Approve April 12, 2006 agenda

Motion/Second: Crump/Manning

Approved unanimously

ADOPTION OF MARCH 8, 2006 MEETING MINUTES

Motion: Approve the March 8, 2006 minutes

Motion/Second: Crump/Higman

Approved unanimously

WELCOME/LOCAL ISSUES

Dr. Kim M. Thorburn reported to the Board in her capacity as the Health Officer for Spokane Regional Health District (SRHD). She described regional partnerships SRHD has with neighboring counties to assist with health programs that are supported by grant funds. Her district is more urban than neighboring partners, which provides challenges. Examples include HIV programs and public health laboratory services. Her laboratory provides regional surge capacity for bioterrorism detection. A great new tool being used by the laboratory is a new tuberculosis test (QuantiFERON) that is more specific and sensitive than the old skin test. It has another advantage of not requiring people to return to read the test, as was required for the old skin test. The test must be completed within 12 hours after blood is drawn for the test. Mel Tonasket, SBOH Member, commented that he would appreciate it if SRHD would reach out to the Indian Health Center in Nespelem for TB testing. Dr. Thorburn said she would ensure that happened. She also noted that the federal government has approved the new TB test for federally funded programs for immigrants.

Todd Mielke, Chair, Spokane Board of Health, welcomed the Board to Spokane and said he appreciated the Board's efforts to get out into the communities. He emphasized that Spokane is a regional hub for many services, including health care. He commented that lack of funding has become a major challenge for public health and that the SRHD is very sensitive about the Board possibly adopting policies which might require new local public health activities without funding. He said the district must rely on state and federal funding for many public health activities.

Dr. Ed Gray, SBOH Member, asked Mr. Mielke about mental health programs in Spokane County. Mr. Mielke said reductions in federal funding have required programs to be reduced. The county did not rank high for providing mental health services in a recent census. The county is reorganizing its mental health program and has appointed a new program director. He said he has concerns about managed care and the state sharing the risk with local health jurisdictions. He also has concerns about the district being held responsible for funding services beyond state allocations for the state mental hospitals without the authority for determining admissions.

Dr. David Crump, SBOH Member, commented that regional hubs were important for providing mental health services to large areas of the state. When patients are discharged from Eastern State Hospital, many end up living in the Spokane area, even if they came from other jurisdictions. This imposes a heavy load on the local mental health support system. Mr. Mielke pointed out that Spokane County's jail is the third largest mental health provider in the state.

BRIEFING ON EFFORTS TO INCREASE ACCESS TO A MEDICAL HOME

Chair Thorburn introduced a panel that spoke about programs that advance the concept of "medical home" or "health home." Lisa Ross, a nurse with the Spokane Regional Health District, described the district's Children with Special Needs Program. She emphasized the need for good communication between public health programs, hospitals, and other partners. (Refer to presentation under Tab 4.)

Dr. Christopher Olson, President of Washington Chapter, American Academy of Pediatrics, is a practicing pediatrician and the medical director of Children's Hospital in Spokane. He delivered a presentation on "The Medical Home in Partnership with Public Health." (Refer to presentation under Tab 4.) Medical home concepts can improve the functioning of medical practices. The medical home must be accessible personally, geographically, and financially. It must be family-centered and based on mutual trust. A medical home must be continuous and comprehensive. Preventive health services are an integral part of a medical home. A plan of care helps the various health providers involved in a child's care get a total picture of the child's needs. Parent-to-parent support groups are important for families dealing with children with long-term conditions. Dr. Olson explained that medical homes need to be compassionate and culturally effective.

Jan Fleming, Director of the Office of Maternal and Child Health, Department of Health, said the Children with Special Health Care Needs Program was the first DOH program promoting medical home concepts and has 15 years of experience. There is an interest in expanding the use of the concept. The Governor's prevention initiative has a group working on medical home. They are developing a plan that will focus on access, cost, family partnership, and community. Ms. Fleming explained that the term *medical home* is somewhat complex and that there have been suggestions from some people to refer instead to a *health home*. She said there might be a way to have one vision that acknowledges a range of elements.

Keith Higman, SBOH Member, asked whether the care coordination activities were reimbursable. Dr. Olson replied that it has been somewhat difficult to get insurers to reimburse for such services. He estimated it costs his office about \$20,000 a year for care coordination that is not reimbursed. Member Crump commented that he understands medical home to be a philosophy or model for care. He asked whether it was difficult to get traditional practitioners to accept this model and whether they provided similar services. Dr. Olson said it is a challenge to get some practitioners to embrace all elements of a medical home. Member Gray commented that medical home is not a new concept, but that it has not been well supported by funding codes and the trend toward super-specialization. Frankie Manning, SBOH Member, brought up some of the benefits of electronic record sharing for coordinating health care. Dr. Olson commented that electronic record keeping is expensive to start up, may change the practice of providers, and may decrease the number of patients seen but that it provides great advantages. Member Crump wondered how drug interactions are managed for a patient served by multiple providers. Dr. Olson explained that pharmacists help to manage this.

The Board took a break at 11:18 a.m. and reconvened at 11:30 a.m.

IMMUNIZATION ADVISORY COMMITTEE REPORT

Chair Thorburn and Tara Wolff, SBOH Staff, explained the organization of the Immunization Advisory Committee (IAC) and the Technical Advisory Group (TAG) and how the nine criteria were developed. See material behind Tab 5. Deputy Secretary White spoke about a letter from Patty Hayes, DOH Assistant Secretary for Community and Family Health. He said the program has concerns about how the process will work, for example: what will trigger the review and the timing and coordination with OFM regarding funding for immunizations. He suggested that confidence in the criteria could be improved by running more antigens through the criteria. Chair Thorburn called attention to a letter from Merck and indicated that a representative from Merck was at the meeting. Chair Thorburn explained that pharmaceutical companies did not have representation on the IAC but they attended the IAC meetings and were part of the discussion.

Member Manning asked for clarification on what the Board was being asked to approve. Chair Thorburn said she was asking the Board to approve the criteria today, not any particular immunization like Tdap. She further explained that the date on the ACIP schedule on the rule needs to be updated and that the rule lists diseases children need to be protected against not vaccines. Adopting the new ACIP schedule would add Tdap for adolescents to the schedule. Member Gray said the Board rule did not actually regulate what vaccines were mandated, but instead excluded children from schools who do not have the required vaccinations. He explained that the terms “mandate” and “opt out” are mutually exclusive. He stated that he would like to eliminate the word “mandate” and instead refer to a “vaccine program for schools” since parents can opt out. Chair Thorburn indicated that the IAC discussed this issue and would likely concur.

Member Tonasket asked if there were new diseases (and/or new vaccines) that need to be considered and possibly added to the rule. He wondered how approving the motion would affect the ability to address the issues raised by Patty Hayes. Chair Thorburn indicated that OFM coordination could be incorporated into the rule making process. She also explained that there are some new vaccines (either available now or expected soon) the Board could evaluate using the criteria. Member Tonasket asked whether the Board already had criteria for mandating immunizations when it adopted the chicken pox vaccination requirement. Chair Thorburn said the Board has not had formal criteria. Member Crump asked for clarification of terms like “reasonable” and “acceptable.” He also asked whether an antigen had to meet all nine criteria and if the criteria were weighted. Chair Thorburn responded that decisions would need to be based on both science and professional judgment and that failure to meet any single criteria would not necessarily disqualify that antigen from consideration. Members Gray and Crump suggested modifying the motion to accept it as an interim report.

Motion: The Board accepts the report from the Immunization Advisory Committee for mandating vaccines pertaining to WAC 246-100-166 as an interim report. The Board requests a final report at some future date that considers input from today’s Board discussion concerning the removal of the “mandate” language and reflects learnings from the assessment of Tdap antigens against the criteria.

Motion/Second: Gray/Tonasket
Approved unanimously

The Board recessed for lunch at 12:44 p.m. and reconvened at 1:36 p.m.

SBOH ANNOUNCEMENTS AND OTHER BOARD BUSINESS

Craig McLaughlin, SBOH Executive Director, referred the Board to materials behind Tab 6. He said the draft State Health Report was getting a good reception. He introduced Heather Boe, who joined the Board staff at the beginning of April as the communications specialist. He commented on a draft letter to US Senators Murray and Cantwell regarding HR 4167, a bill to pre-empt state and local food safety labeling laws and rules. He asked if anyone on the Board was willing to sponsor work on mental health issues, in particular a presentation to the Board in May about work on the Mental Health Transformation Grant. Member Crump volunteered to sponsor this work. Mr. McLaughlin asked Board members to help get out information about the Warren Featherstone Reid award. He discussed a formal legal opinion in the packet regarding the Open Meetings Act. He commented on material in the packet regarding revision of the Public Health Improvement Partnership standards. He mentioned a call for papers for this year's Joint Conference on Health in Yakima in October. Staff members are available to help prepare presentations. The deadline for proposals is May 19. He also noted that the locations for meetings in May and June have changed. The May meeting will be in Kennewick and the June meeting in SeaTac. Public forums are scheduled the evening before each of these meetings.

DEPARTMENT OF HEALTH UPDATE

Bill White, Deputy Secretary of Health and SBOH Member, reported that at the end of March the DOH laboratory began screening all newborn babies for cystic fibrosis. About 25 children per year with CF should be discovered early by this process. A woman cleaning a shed in Bellingham contracted Hantavirus recently and died. The first week of April was Public Health Week. DOH participated with Pierce County in a disaster preparedness drill. It showed that DOH is much better able to mobilize its disaster management team than it was a year ago. DOH will help host a pandemic flu summit in Tacoma on April 14. A norovirus outbreak has hit several retirement homes in Clark County. DOH is working with Clark County Health on trying to contain the outbreak. The West Nile Virus season is starting. Because of all the media coverage of avian flu, members of the public are likely to have many questions and concerns if they find dead birds.

BOARD MEMBER COMMENTS AND CONCERNS

Member Tonasket read a proposed resolution of the Board to the Washington congressional delegation and others to support re-establishing federal funding of urban Indian health services. Member Higman said he supported the concept of the resolution, but thought it was awkward to consider a resolution that was not distributed in advance and was not checked for accuracy by Board staff beforehand. Members discussed the accuracy of a clause in the resolution suggesting the U.S. Constitution guaranteed Indian health care. Chair Thorburn and Member Gray questioned whether the Board could consider a motion that was not announced to the public in advance of the meeting. Deputy Secretary White commented that the Board might want to expand this resolution to cover other domestic programs the President is proposing to cut. Chair Thorburn asked Member Tonasket whether he would amend his motion to direct staff to expand the motion and check the accuracy of the statements in the resolution based on comments from Board members. Member Tonasket said he would prefer to vote on the limited resolution. Mr. McLaughlin said he did not think the Board was precluded from introducing and voting on a

motion at a meeting. Member Gray asked the Access Committee also to consider addressing other federally proposed cuts to health programs.

Motion: The Board accepts the resolution, as proposed, to the Washington congressional delegation and others to support federal funding of urban Indian health services.

Motion/Second: Tonasket/Crump

Approved unanimously

Member Tonasket said he attended the last school rule workshop in Wenatchee. He said the workshop was poorly attended by the public. He said the main comments were from local health agencies and school districts that had concerns about costs, even though they were not opposed to the concepts of protecting children in schools. He said he thought the process was weak because there were few attendees representing “parents.” He suggested that a proposed draft be reviewed, modified as needed, and shared with legislators before being considered for Board adoption.

HEALTH DISPARITIES COMMITTEE REPORT AND DISCUSSION

Member Manning reported on the Health Disparities Committee meeting to discuss health disparities legislation. She said two bills pass this session would directly affect the Board. SSB 6196 establishes a position on the Board for a health official from a federally recognized tribe. SSSB 6197 establishes the Governor’s Interagency Council on Health Disparities. Member Manning explained that the council is tasked with promoting and facilitating communication, coordination, and collaboration among relevant state agencies and communities of color to address health disparities. She also explained that the council would need to evaluate how proposed state government policies and budget changes would ameliorate or exacerbate health disparities, and produce an action plan for eliminating health disparities by 2012. Member Manning explained that the council will comprise representatives from several state agencies and that the Board will have a seat at the table. She explained that there is a mix of diseases and behaviors, and social determinants that the 2012 plan needs to address. She said that some clarification is needed about the intent of the bill and what the Governor’s Office expects from the council. Member Manning indicated that it is unclear how state agency representatives and public members will be appointed.

Member Tonasket pointed out that the Board needs to understand how its role on the council fits with the roles of other state agencies. Chair Thorburn commented on the Board’s role as a convener. She said she was excited to see this bill and felt that it provides a framework to address health disparities.

FORUM EVALUATIONS/DISCUSSION

Chair Thorburn commented that she asked staff to look at evaluation forms to see how attendees liked the forum in Spokane last evening. She wanted the Board to review the format of the forums. Craig McLaughlin, SBOH Staff, said 33 people signed in. Of these, 15 turned in evaluations. The evaluations ranked the small breakout sessions as most useful. The fact that some people spoke passionately about issues was good. There was some concern that the 4 to 6:30 p.m. time of day was not convenient for most working people. Future forums should be later in the evening. Board members agreed to have comment cards for use by those who are uncomfortable speaking in public. Member Crump remarked that the facility was too noisy for the breakout sessions. He said he would have liked about 10 more minutes for breakouts and

more time for reports from the breakouts. He suggested the use of a timekeeper for the breakout sessions.

Member Higman commented that he thought the forum worked well except for gauging what the public is thinking about public health, as opposed to structured topics. It would be good to get more average members of the community involved, rather than mostly public health officials and the usual special topic advocates. He suggested asking agency members to bring some of the members of the public they serve. Member Tonasket said he also would like to find better ways to get input from members of the public. He said maybe Board members should visit groups, rather than inviting the public to come to Board meetings. He said he liked the local panel. He said we need to give people more time to vent their emotions in the forums. Member Manning commented that it is hard to get people to show up for a meeting unless there is a crisis. She suggested the Board engage the press prior to the meetings to develop public interest in the forums. Chair Thorburn said the Spokane forum was well announced in the local press. Mr. McLaughlin thanked the Spokane Regional Health District for all the local work to organize and get information out about the forums. He asked whether the Board wanted to keep the local panel format for the beginning of the forums. He asked whether increasing the total time was appropriate. The Board members agreed to both. They liked the local panel since it opened discussion and provided local interest. A member of the audience commented that increased prior notification of such meetings could be helpful.

DISCUSSION OF PENDING REQUESTS FOR RULE MAKING

Craig McLaughlin, SBOH Staff, discussed three petitions for rule making in materials behind Tab 11. Two petitions ask for rules to get statewide approval of certain on-site sewage treatment devices. Mr. McLaughlin said the memo from Janice Adair and from him regarding these petitions in the Board packet are out of date based on a request by DOH to postpone Board consideration until May. At that meeting, DOH would give the Board more background information on the topic of on-site sewage nitrogen removal and rehabilitation of drainfields. Deputy Secretary White commented that these requests raise the issue of trying to address control of various chemical constituents of sewage by various technologies. He suggested that DOH provide a briefing to the Board in May or work with the Board's Environmental Health Committee. He was supportive of the requests, as long as any rule making would address the issue more broadly, rather than piecemeal for each type of device. He said that during the development of the Board's 2005 major revision of the on-site sewage rule, the issue of drain field recovery was not a part of the discussion. Member Higman stated that he supported Deputy Secretary White's suggestion. He said developing a rule to set standards for recovery of a drain field would be very problematic. The issues are complex and local health jurisdictions will need guidance on nitrogen removal to meet the new on-site rule adopted by the Board last year. Member Gray said he was concerned legislative pressure seemed to demand that the Board not delay. He said rules of the Board are likely to be more desirable than potential legislation. Chair Thorburn commented that rule making would entail a huge amount of work for DOH. Deputy Secretary White said rule making on these requests would require DOH to reprioritize its other three on-site sewage rule making activities. Member Higman asked if the Board passes a motion to initiate rule making on standards for technology to reduce nitrogen and for the recovery of drain fields, would it be obligated to adopt a rule for both. Mr. McLaughlin stated that initiating rule making by filing a CR-101, or even after filing a CR-102, did not obligate the Board to adopt a rule. He said the Board could respond to a petition for rule making by denying the specifics of the request, but providing an alternative. The Board discussed whether an on-site sewage treatment device could be installed if it was neither approved nor prohibited by the

existing rules. If a device is not on the DOH approved list, it could be installed only under a waiver from the local health jurisdiction. The Board accepted the recommendation from Deputy Secretary White to continue the discussion on the petitions for on-site rule making at the May Board meeting after a briefing from DOH.

The other petition is a request to develop rules regarding human tissues illegally harvested for transplant usage. Mr. McLaughlin recommended denying the petition because the Board lacks authority for such a rule. He asked whether the Board wanted to take an advocacy role separate from rule making. Member Tonasket recommended that the Board refer the issue to the agency or agencies that have authority. Chair Thorburn commented that DOH, rather than the Board has authority over health professionals. Deputy Secretary White commented that DOH would probably need specific statutory authority to require providers to notify recipients of the illegally harvested tissues. He said DOH would respond to this and wanted to make sure SBOH and DOH provided a coordinated response. Member Gray questioned whether the sale of human tissues is really prohibited by law in Washington, since it appears to be common practice. Mr. McLaughlin promised staff would research this to provide clarification to the Board.

PUBLIC TESTIMONY

Art Busch, WSEA, stated that he asked the Board last October to keep the school rule process on track. He now asks the Board to stop the process in its tracks because it is not working. He said DOH did not follow the recommendations of the School Rule Development Committee in developing the first draft. He said the DOH draft was severely deficient because it did not make any one person responsible for compliance or establish consequences for lack of compliance. He asked that DOH be directed to rewrite the draft to improve its quality. He commented that he heard from many people that they thought the workshop process was poor. They complained that they did not have time to analyze the draft before providing input to DOH. He encouraged the Board to support establishment of a database of illnesses in schools such as the “Skyward” or “Healthy Seat” programs. He said epidemiological data would help determine what should be in the rule. He said some of the participants in the rule development process are developing an alternative draft rule. He asked that the Board’s Environmental Health Committee review this proposed draft and compare it to the draft from DOH. He said he would like to be able to work within the rule process, rather than going to the Governor and legislators piecemeal.

Chip Halverson, Chair of WSEA Indoor Air Quality Workgroup, stated that the school rule workshops had problems. However, he thought people jumped in with comments at the workshop held in Vancouver that he had not expected. He said the local health administrator in Clark County commented that the school rule was based on an assumption of fictional jurisdiction. Another problem noted was the lack of ability to get compliance, such as through fines. The rule needs to cover school portable units, he said. The rule is too vague. He said he was surprised to find out the lead DOH staff person for writing the rule was also a member of a school board. He said other parts of the draft rule do not seem to be understood by DOH. He asked for more specific controls on fiberglass from the lining of ventilation systems. He said the draft rule leaves a question about who will do inspections. He recommended that DOH and OSPI should communicate better and not duplicate efforts, and mentioned the “High Performance Schools Program” of OSPI. He said the rule should be based on data, not on who yelled the loudest. He spoke against open-plenum HVAC systems, which he said are associated with many air quality problems involving fiberglass and other particulates. In closing, he encouraged earlier notification of volunteer reviewers of the rule about when they can participate in the process.

Jenny Greenwood, Autism Society of Washington, spoke of concerns about toxic chemicals in schools, evidence of learning problems in schools, and a rising autism rate. She said she would like the Board of Health to work more with the U.S. Environmental Protection Agency on these issues. She thinks learning and behavioral disabilities are greatly under-reported. In her professional capacity as a pediatric physical therapist in schools, she sees many children with “soft neurological signs,” such as poor muscle tone and poor coordination. She said that in Spokane, no one looks at toxicity issues in schools. She said children’s toxics body burden is increasing and that autism is on the rise. She said she and her son have had adverse health effects (autoimmune disease and mild autism) caused by poisoning by mercury and other heavy metals in vaccines, dental amalgams, and other environmental exposures. She recommended that the Board look at: “Defeat Autism Now,” a Web site; “GenerationRescue.org,” a parent group; “Evidence of Harm,” a book by David Kirby; and a presentation by William Shaw, sponsored by the Autism Society of Washington, to be held in Spokane the following Saturday. Chair Thorburn commented that April is National Autism Awareness Month.

Carolyn Picket, resident of Spokane, stated that hypoglycemia, mercury, and fluoride dental treatments could cause symptoms that resemble mental illness. She referred to two books by Carlton Fredericks and “Foods that Harm, Foods that Heal” by Maureen Solomon that discuss how hypoglycemia can cause symptoms that mimic mental illness. She said many health problems could be corrected through better nutrition. She stated immunizations could cause health problems and that they are not tolerated the same by all individuals. She discussed medications that can raise amylase levels, which can cause mouth problems resembling mumps. She said she is a supporter of bicycle and motorcycle helmet requirements, but laws should not make parents responsible. She said that public input could better be obtained by holding meetings at community centers, rather than at a downtown location. She said asthma could be corrected by controlling diet, such as by eliminating MSG in commercially prepared foods and reducing polyunsaturated fats. She said health departments are not educating the public about good nutrition and foods that might contribute to illnesses. She said that she opposes laws that restrict the use of legal substances such as tobacco. She spoke against fluoridation of drinking water.

ADJOURNMENT

Chair Thorburn adjourned the meeting at 4:15 p.m.